

HOW ARE WORKPLACE-BASED ASSESSMENTS VIEWED BY UK PSYCHIATRY TRAINEES?

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SUMMARY

Objective This study aimed to evaluate the perceptions of UK psychiatry trainees (residents) towards workplace-based assessments (WPBAs) as formative learning tools. WPBAs are a new form of UK mandatory assessment.

Methods Two focus group interviews were held with psychiatry trainees at different stages of training in Cambridge, UK.

Results Trainees identified a number of opportunities and barriers of WPBAs as formative assessment tools, and gave suggestions for their further development. A key opportunity was the compulsion for supervisors to observe trainees in clinical practice, and to provide individually tailored feedback. Barriers to learning were ideological, such as the emphasis on grades rather than formative feedback; and practical, such as the time taken for assessments. Suggestions for development of WPBAs included redesigning the forms to incorporate more formative feedback, and improving training in WPBAs.

Conclusion The perceptions of psychiatry trainees towards WPBAs are mixed and would benefit from further exploration.

Key words: workplace-based assessments – psychiatry – trainees

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INTRODUCTION

Workplace-based assessments (WPBAs) were introduced as a mandatory part of competency based medical training in the UK in August 2007. A set number of WPBAs are required for progression in training in addition to examinations; previously examinations alone were used. WPBAs are assessments carried out in clinical environments to assess trainees' competencies. The WPBAs most commonly used in psychiatry trainees are observed patient interviews, and case-based discussions. Although WPBAs were designed to primarily provide formative feedback, they are also summative, and most of the form concentrates on a trainee's grades.

WPBAs were not universally welcomed by psychiatry trainees and trainers, and initial surveys carried out shortly after their introduction in 2008, in Wales (Menon et al. 2009) and Wessex (Babu et al. 2009) demonstrated negative attitudes by trainees and called for a need for further training of supervisors to improve efficacy. An early national survey conducted by Kollis (2009) showed that over two thirds of trainees reported no improvement in their training as a result of WPBAs. However, the Royal College of Psychiatrists have made efforts to support and improve the quality of WPBAs, including publication of a recent guidance manual by Malik et al. (2011).

The aim of this study was explore trainees' perceptions of opportunities, barriers and suggestions for development of WPBAs as formative learning tools.

METHODS

This research constitutes primarily a qualitative case study, composed of semi-structured interviews with

questions focussed on trainee perceptions of WPBAs. A local list of first and fourth year psychiatry trainees were invited to participate in the study. Six trainees attended two ninety minute focus group interviews in Summer 2010. The interviews were recorded on video and later transcribed by the researcher. After transcription, thematic content analysis 3 took place. The sub-units of analysis were defined as phrases or sentences that conveyed an opinion on WPBAs. The data were subsequently summarised, analysed and interpreted.

RESULTS

We have grouped trainee perceptions of WPBAs into the following sections: 1) Opportunities; 2) i) Ideological Barriers; 2) ii) Practical Barriers; 3) Suggestions for development. Trainees' quotes have been used to illustrate points. ST1 and ST4 are abbreviations of 'specialist trainee' (UK trainees) in year 1 and 4 respectively. Trainees were anonymised, and coded as A, B and C in each group.

1) Opportunities

The opportunity to be observed in clinical practice by one's supervisor and receive personalised feedback

Trainees in both groups stressed the importance of compelling supervisors to observe their practice to provide feedback, which was a new experience:

'It is one of the few times you actually get to sit down with your supervisor and go through a case in a structured manner, and in itself that is useful.' (ST1A)

The flexibility of tailoring WPBAs to trainees' needs

Trainees were pleased they could use WPBAs in a variety of clinical settings:

'It's just about flexible enough to allow us to pick a topic.' (ST1C)

The opportunity for trainees to observe supervisors modelling clinical skills

The interested trainee can also watch how skills being modelled by their supervisors:

'The Consultant took over and showed how a slight change in style was able to win more of a rapport and engage with the patient a bit better.' (ST1C)

The opportunity to develop a personal learning profile over time 4

Reflective trainees were able work on formative learning points over time:

'I have to say if I look back there is actually a pattern which was picked up by my present Consultant.' (ST4B)

The opportunity to develop skills of self awareness

Trainees pointed out that WPBAs enabled them to improve self awareness:

'I use them as a way of reflection, so would I assess myself the same as how the other person does, and learn to be self knowledgeable.' (ST1A)

A tool to identify and monitor struggling trainees

Trainees thought WPBAs were a good way of identifying struggling trainees:

'I think it's of more benefit to pick up the people who are really struggling, and identify real problems, rather than for those who are just cruising along in an average fashion.' (ST1B)

A tool to map personal learning objectives to the curriculum

Trainees felt it was useful that learning objectives could be linked to the curriculum:

'You can link it with the curriculum, so you can tick on a form this particular case that we covered emphasised professionalism.' (ST4A)

2) Barriers

i) Ideological barriers

The prioritisation of summative over formative components of WPBAs

One resident said they would choose a supervisor based on how generously they marked rather than the quality of feedback:

'If I know a person wouldn't rate me high, even for a teaching thing, I would rather find someone else. In terms of real development that's not how it should be.' (ST4B) 5

The perception of WPBAs as isolated assessments rather than integrated into a learning trajectory

The perception of WPBAs as isolated tick-box exercises concentrating on individual competencies rather than holistic skills was noted:

'It is more of a snapshot, a photograph. You want more of a camcorder type of thing, which follows the trainee round.' (ST4C)

The perception of psychiatry as too complex a subject to be captured by WPBAs

Trainees noted that WPBAs were unable to capture the nuances of the subject of psychiatry.

'The current form might be more suitable for something like surgery, where there is a procedure that has to be followed in most cases, and there's only minor variations between the cases, whereas in psychiatry the reverse is the case.' (ST4A)

The adequacy of existing mechanisms in facilitating formative learning

Trainees pointed out the existing clinical supervision system was adequate in facilitating formative learning:

'One of the reasons why I haven't found them so useful is that, particularly in this last job, I've had a lot of contact with my supervisor, and we're discussing cases all the time, so it's just basically been a box-ticking exercise of what we do every day anyway.' (ST1B)

ii) Practical barriers

The time component of fitting WPBAs into practice

Trainees complained that full WPBAs are often difficult to fit into busy clinical jobs:

'Sometimes you finally pin your consultant down to do it, or the senior, but then they won't have time to do it and write it down' (ST1A)

Inadequate supervisor support of WPBAs 6

Trainees said that supervisors often harboured negative attitudes towards WPBAs which minimised their utility:

'The first Consultant I had was very fed up with these things.' (ST4B)

Fitness for purpose of assessment forms

WPBA forms have very little space for formative feedback, which reduced their value compared with clinical supervision:

'What I gained in that supervision session was a lot more than what was reflected on the form.' (ST4C)

3) Trainees' suggestions for development of WPBAs

To redesign the WPBA form to enable a change in emphasis from summative to formative assessment

Trainees suggested that WPBA forms should be redesigned to emphasise developmental feedback rather than focussing on grades:

'The capturing of qualitative not quantitative information, targeting those areas for improvement that are appropriate to each case, because in psychiatry especially each case is individual.' (ST4A)

To embed WPBAs into existing portfolios, to facilitate follow up on learning points

Trainees suggested the incorporation of an in-built mechanism to trigger the follow up of learning points:

'The educational supervisor's report could be a live webpage, so that the themes are there, and maybe week after week, or supervision after supervision, things are picked up.' (ST4C)

To improve training structures for supervisors and trainees in using WPBAs for formative assessment 7

Both groups of trainees suggested that it would be helpful to incorporate improved training both for trainers and trainees to get the most out of the assessments:

'It feels to the consultants that it would be impossible for them to keep up to date with the training and the structure and they continue to rely on us to know the process.' (ST4A)

DISCUSSION

Overall WPBAs have received much negative attention in previous surveys (1,2,3). However, this is the first known qualitative study of trainees' perceptions of WPBAs. In general, trainees in both focus groups took a balanced view of the introduction of WPBAs, thus all perceptions have been grouped together. However, it was noted that first year trainees had more positive perceptions of WPBAs than fourth year trainees. This may be because first year trainees were introduced to WPBAs from the start of training, whereas fourth year trainees encountered their introduction mid-way through training.

Trainees were able to describe a number of learning opportunities provided by WPBAs. WPBAs provide an opportunity to be observed in clinical practice and to gain tailored feedback from supervisors, cited as a new phenomenon in UK psychiatry training. WPBAs also give trainees the opportunity to watch clinical skills being modelled by their supervisor. Trainees reported that WPBAs are flexible enough to apply to different clinical settings. WPBAs are seen as an appropriate tool to pick out and assist struggling trainees. Trainees said WPBAs help them develop reflective skills. This is in line with Kolb (1984). Trainees said WPBAs enable development of personal learning profiles.

Trainees also commented on a number of barriers to success of WPBAs. First, ideological barriers to success are noted. Trainees complained that emphasis on grades reduces the extraction of developmental feedback from the process. Trainees felt the focus on competencies detracted from the more holistic skills inherent to psychiatry. Trainees reported supervisions are largely adequate in facilitating formative learning. 8

Trainees also identified practical barriers to success of WPBAs. Trainees reported fitting WPBAs into busy clinical jobs is difficult. Trainees said supervisors often didn't make effective use of WPBAs, consistent with

Pathan et al. (2008). Trainees felt that the WPBA forms were not adequately designed to incorporate developmental feedback, as most of the form consists of numerical ratings scales.

Trainees had some suggestions to develop WPBAs. One suggestion was to redesign the WPBA form to change its emphasis from grades to formative feedback. Another suggestion was to incorporate a mechanism for follow up of action points through a web based tool. A further suggestion was to improve training for both supervisors and trainees to enhance learning.

CONCLUSION

This study shows a mixed reception to WPBAs from a group of UK psychiatry trainees, and paves the way for improvements and further research.

Limitations

The main limitation of this study is the small sample size of six participants, which limits the generalisability of the data.

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